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# Barfield Urban District Council

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1954

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# Barfield Urban District Council

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1954

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Memorandum of the Committee on the

DARFIELD URBAN DISTRICT COUNCIL

Divisional Health Office,  
6, Victoria Road,  
BARNSELY.

August, 1955.

ANNUAL REPORT  
of the  
MEDICAL OFFICER OF HEALTH  
for the Year 1954.

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To the Chairman and Members of  
the Darfield Urban District Council.

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Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December 1954. The report has the same general outline as those for previous years and includes once again a survey of the health services for which the County Council is the administrative authority. A brief statement of and comment upon the hospital arrangements have also been included.

The vital statistics, while showing the usual annual variations, were on the whole favourable and with the additional information which can be gleaned from such other sources as the sickness returns from the local office of the Ministry of National Insurance and from the school attendance records, I think it can be said that in general the health of the inhabitants of your district last year was satisfactory.

In my annual report for 1953 I gave pride of place to the tremendous achievement of the housing programme with the completion of 103 houses in the year. It would seem I cannot write in such favourable terms of last year's housing progress with only 18 houses completed, and yet much progress was made. Though only 18 houses were completed in the year, very many more were in the final stages of completion and which, this year, will bring the total of completed houses up to the century mark again. In addition, the second phase of the sewage reconstruction scheme in the Low Valley district was completed, a scheme which after all is an integral part of the district's housing development.

I would like, however, to comment not on the housing progress alone but on the maintenance of the housing estates and in this connection I would commend the efforts of the Council to keep the new estates both clean and attractive. It is important that the estate tenants do not simply accept the place in which they live but like it as well. To have a pride in the estate brings an equal pride to the home for the one, I feel, is complementary to and a reflection of the other. This pride is shown in the outward appearance of the houses and gardens and the affection which the families have for their homes. It is right that the Council should foster this pride and the policy of regular sweeping of roads, maintenance of grass verges and the planting in suitable places of flowers is one to be commended and pursued. It may be that on occasions both tenants and Council become discouraged by the selfish and thoughtless behaviour of the few, but time and example should remedy this and eventually give the housing estates that charm which all must desire.

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I would like to take the opportunity to thank the Members of the Council for their continued interest in all matters relating to the health of the district, my deputy Dr. R. Barnes and my Divisional Health Office staff for their willing assistance and your Surveyor and Sanitary Inspector, Mr. C. Cawthorne, for his help and co-operation. He has prepared that part of the report dealing with the sanitary circumstances of the district.

I am,

Your obedient Servant,

R.S. HYND,

Medical Officer of Health.





DARFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT

FOR THE YEAR 1954.

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Statistics and Social Conditions of the Area:

Area ... ..	2,018 acres
Population (Census 1951) ... ..	6,238
Registrar General's estimate of resident population mid 1954 ... ..	6,430
No. of inhabited houses at 31st December, 1954 ... ..	2,069
Rateable value as at 31st December 1954 ... ..	£25,040
Nett product of a Penny Rate as at 31st March 1954 ... ..	£93. 5. Od.

Coal mining is the principal occupation of the population.

VITAL STATISTICS

Births


The number of births registered during the year, was 105 of whom 51 were males and 54 females. There were 9 illegitimate births or 8.6% of the total births registered.

The Registrar General again supplied a comparability factor for the births in 1954, which relates the proportion of women of child-bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth rate which is comparable with similar adjusted rates for other districts and with the rate for the country as a whole. The adjusted birth rate for your district was 16.5 per 1,000 estimated population as compared with 17.2 per 1,000 estimated population for 1953 and with 15.2 per 1,000 estimated population for England and Wales.

The excess of births over deaths, or the natural increase of population, was 50 as compared with 42 for the previous year.

Stillbirths

There were 5 stillbirths last year, 4 more than in 1953. The stillbirth rate showed an increase from 0.16 per 1,000 estimated population in 1953 to 0.77 per 1,000 estimated population. The stillbirth rate for England and Wales was 0.34 per 1,000 estimated population.



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### Birth Rate

Year	Births			Rate per 1,000 Population		<u>England and Wales</u>
	Males	Females	Total	<u>Darfield</u>	Adjusted	
1950	56	51	107	17.2	18.1	15.8
1951	49	43	92	14.8	15.6	15.5
1952	67	46	113	18.1	19.0	15.3
1953	54	51	105	16.4	17.2	15.5
1954	51	54	105	16.3	16.5	15.2

### Stillbirths

<u>Year</u>	<u>Stillbirths</u>	<u>Total Births</u> <u>Live and Still</u>	<u>Percentage of</u> <u>Stillbirths to</u> <u>Total Births.</u>
1950	2	109	1.8
1951	2	94	2.1
1952	5	118	4.2
1953	1	106	0.9
1954	5	110	4.8

### Infantile Mortality

There were 2 deaths in infants under one year of age last year as against 4 in 1953. In one instance the baby survived for only 3 hours and death was due to congenital causes, in the other the child reached the age of 5 months and died from whooping cough and before she could be immunised against the disease. The infantile mortality rate was 19.0 per 1,000 live births as compared with 38.1 per 1,000 live births for the previous year and with 25.5 per 1,000 live births for England and Wales.

In previous annual reports to your Council I have expressed the view that stillbirths and deaths within the early neo-natal stage should be considered together and not separately for, fundamentally, the causes of death are the same for both. The cause of death of the baby who died from congenital causes last year could not have been different if she had been stillborn instead of living three hours. With this view in mind the Registrar General has suggested a new concept of peri-natal mortality to connote a combination of stillbirths with deaths occurring during the whole or part of the neo-natal period, but no standard definition has yet been adopted. Probably the most useful combination will prove to be stillbirths plus deaths within the first week. Such a concept outlines more clearly the problems connected with stillbirths and infant mortality for if the experience of the last two decades is examined it is evident that the peri-natal mortality (stillbirths and deaths under one week) has declined much more slowly than has the infant mortality after the first week of life. The reason is clear, the deaths which can be prevented have to a large extent been prevented and the opportunity for prevention occurs with much greater frequency in those infants who survive the first week of life. There has been some improvement in the peri-natal mortality, but a great deal more research and knowledge will be required before more progress can be made.



### Maternal Mortality

I am happy to report that there were no deaths from maternal causes during the year.

### Infantile Mortality Rate

1945	...	...	96.0	1950	...	...	18.6
1946	...	...	66.1	1951	...	...	21.7
1947	...	...	7.2	1952	...	...	8.8
1948	...	...	28.6	1953	...	...	38.1
1949	...	...	62.5	1954	...	...	19.0

### DEATHS IN AGE GROUPS

				<u>Males</u>	<u>Females</u>	<u>Total</u>
Under 1 year	...	...	...	1	1	2
1 - 5 years	...	...	...	-	1	1
5 - 10 years	...	...	...	-	-	-
10 - 15 years	...	...	...	-	2	2
15 - 20 years	...	...	...	-	1	1
20 - 25 years	...	...	...	-	-	-
25 - 35 years	...	...	...	2	2	4
35 - 45 years	...	...	...	1	1	2
45 - 55 years	...	...	...	5	-	5
55 - 65 years	...	...	...	6	3	9
65 - 70 years	...	...	...	3	3	6
70 - 75 years	...	...	...	1	-	1
75 - 80 years	...	...	...	7	2	9
80 - 85 years	...	...	...	1	5	6
85 - 90 years	...	...	...	-	6	6
90 years and over	...	...	...	1	-	1
TOTALS				28	27	55



CAUSES OF DEATH IN 1954

<u>Causes of Death</u>	<u>Males</u>	<u>Female</u>
1. Tuberculosis, respiratory	1	1
2. Tuberculosis, other	-	-
3. Syphilitic Disease	-	-
4. Diphtheria	-	-
5. Whooping Cough	1	-
6. Meningococcal Infections	-	-
7. Acute Poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	-	-
10. Malignant neoplasm, stomach	1	-
11. Malignant neoplasm, lung, bronchus	-	-
12. Malignant neoplasm, breast	-	2
13. Malignant neoplasm, uterus	-	-
14. Other malignant and lymphatic neoplasms	3	-
15. Leukaemia, aleukaemia	-	2
16. Diabetes	-	1
17. Vascular lesions of nervous system	2	5
18. Coronary disease, angina	6	3
19. Hypertension with heart disease	-	-
20. Other heart disease	3	7
21. Other circulatory disease	2	-
22. Influenza	-	1
23. Pneumonia	1	-
24. Bronchitis	3	2
25. Other diseases of respiratory system	-	1
26. Ulcer of stomach and duodenum	-	-
27. Gastritis, enteritis and diarrhoea	-	-
28. Nephritis and nephrosis	1	-
29. Hyperplasia of prostate	-	-
30. Pregnancy, childbirth, abortion	-	-
31. Congenital malformations	-	-
32. Other defined and ill-defined diseases	2	2
33. Motor vehicle accidents	1	-
34. All other accidents	-	-
35. Suicide	1	-
36. Homicide and operations of war	-	-

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All causes

28

27

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PRINCIPAL VITAL STATISTICS FOR THE YEAR

1954

Based on the Registrar General's

Figures.

	<u>Darfield</u> <u>Urban</u> <u>District</u>	<u>Aggregate</u> <u>W.Riding</u> <u>Urban</u> <u>Districts</u>	<u>West</u> <u>Riding</u> <u>Admin.</u> <u>County</u>	<u>England</u> <u>and Wales</u> <u>(Provincial</u> <u>figures)</u>
Birth Rate per 1,000 estimated population:				
Crude	16.3	14.7	15.1	15.2
Adjusted	16.5	14.8	15.3	
Death Rate per 1,000 estimated population:				
Crude	8.6	12.7	11.9	11.3
Adjusted	9.8	12.8	12.5	
Infective and Parasitic Diseases excluding Tuberculosis but including Venereal Diseases	0.16	0.07	0.08	Not available.
Tuberculosis:				
Respiratory	0.31	0.18	0.16	0.16
Other	-	0.01	0.02	0.02
All forms	0.31	0.19	0.18	0.18
Cancer	1.24	2.12	2.01	2.04
Vascular lesions of the nervous system	1.09	2.03	1.84	Not available.
Heart and circulatory diseases	3.27	4.88	4.54	" "
Respiratory diseases	1.24	1.27	1.22	" "
Maternal Mortality	-	0.80	0.89	0.69
Infant Mortality	19.0	28.3	28.0	25.5
Stillbirths	45.5	26.6	25.9	23.4



## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The provision of residential accommodation for the aged and infirm and for those in need of care and attention is the responsibility of the County Council. Accommodation was readily found last year for those applicants who were ambulant and who could climb stairs without major difficulty. Importantly, the accommodation was provided as near to the applicant's old home as possible to allow him to visit friends easily, and maintain his former social contacts. The provision of ground floor accommodation for those, who in my last annual report I described as "border-line cases", remained difficult at times and during the winter months there was a waiting list of applicants. The waiting list might have been longer but for additional accommodation, of the small hostel type, being provided last year. All the old institutional accommodation has been modernised and interiors of these buildings now have none of the somewhat forbidding austerity they possessed in former years.

I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

My comments on the hospital service provided for the division will be brief, for my position in this matter is that of an interested observer rather than one with direct responsibility for hospital management. No comment is necessary on the hospital provision for the acute sick, maternity patients and those suffering from infectious diseases for there can be little quarrel with the existing high standard of service. Hospital accommodation for tuberculosis has greatly improved in recent years, no doubt due in a large measure to the success of the newer forms of treatment. Accommodation for the chronic sick was very variable and appeared to be inadequate in the winter months, when the greatest demand for beds always occurs. It is indeed very difficult to satisfy the hospital needs of the chronic sick for the very chronicity of the illnesses and the age of the patients inevitably makes for a long hospital stay, and the discharge from hospital is far more dependant on the home circumstances of the patient than it is with the acute sick. The speedier discharge home of the chronic sick was a goal last year by the excellent home nursing service in the division about which I have more to say later.

The mental hospital accommodation remained difficult, particularly for those suffering from senile dementia when long admission delays were common. Admission of voluntary patients was made easier with the establishment and greater use by general practitioners of the consultant psychiatric clinic at the Beckett Hospital. The institutional accommodation for mental defectives remained, I understand, very difficult throughout the year in the region as a whole but vacancies were found for some patients in the division and much needed relief was obtained. The Occupation Centre in Barnsley was used to the maximum, but the waiting list of children in the division requiring such training grew, and I regret that no real progress was made with the conversion of the old divisional offices at The Gables, Wombwell, into an Occupation Centre. As will be seen in the section of the Report on Mental Health, which follows, there are 23 children and 12 adults who are considered fit for Occupational Centre training, and who still await vacancies. It is true that the plans for the conversion of part of the accommodation at The Gables into an Occupation Centre have been prepared and approved by the County Council, what is now required is speedier action in the translation of plans into something more solid and tangible. The provision of institutional accommodation and accommodation in occupation centres have a direct relationship and the provision of the latter will to a material extent obviate the need for the former.



### General Hospitals

The General Hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below:

1. The United Group Hospitals, Sheffield.
2. The Deekott Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

### Infectious Diseases Hospitals

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

### Maternity Hospitals

Maternity cases were usually admitted to the following hospitals:

- St. Helen Hospital, Barnsley.
- Montagu Hospital, Moxborough.
- Hallamshire Maternity Home, Chapeltown.
- Pinder Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

### Tuberculosis Scheme

Two whole-time Tuberculosis Health Visitors were engaged last year and in consequence the liaison arrangements with the Chest Centre were greatly strengthened. The preventive work in the field and the clinical work in the Chest Centre were more closely interwoven and the fortunes of the patient and the follow-up of the contacts could be more completely supervised. The percentage of contacts accepting examination was higher which materially helped in the search for the sources of infection. After-care arrangements included extra-nourishment, when recommended by the Chest Physician, in the form of free milk allowance and bed, bedding and other equipment was issued on loan to patients where necessary. Home Helps were also provided when required.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below:

Tuesday	10 a.m. to 12 noon (Children)
Wednesday	10 a.m. to 12 noon
Wednesday	2 p.m. to 4 p.m.
Thursday	10 a.m. to 12 noon
Friday	10 a.m. to 12 noon



## Venereal Diseases

The nearest centre for Darfield patients for the diagnosis and treatment of these diseases is in Barnsley.

Address: Special Treatment Centre,  
Queen's Road,  
Barnsley.

Other centres are situate at Sheffield, Doncaster and Rotherham, and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

## Ambulance Service

The calls on the ambulance service tended last year to become more stabilised though there was again a slight increase in the Out-Patient traffic. Nearly 400,000 patients were carried and about 2½ million miles were covered last year which gives one some idea of the magnitude of the service provided.

The further slight increase in the Out-Patient traffic was largely due to an increase in physio-therapy as new or larger departments were established and the greater number of transfers between hospitals and convalescent homes as more of the latter were provided.

The stretcher cases and discharges from hospital remained relatively constant, but there was a slight increase in the admissions because of a quicker bed-turn-over. The latter was helped both by the additional convalescent home accommodation which was provided and by the efficiency and sufficiency of the Home Nursing Service in the after-care of the discharged patient. It is to be regretted that once again, with the increase in the road traffic, the accident rate for 1954 was increased. Headway in ambulance depot construction, a material factor in improving the ambulance service organisation, was made last year and one new depot, which affected the service in the division, was erected at Wath-upon-Deane. A further new depot is planned for this year at Platts Common to replace the one in Hoyland.

## Home Nursing

The total visits made by the Home Nurses in the division last year was 57,520, a really remarkable figure when compared with that which applied before the County Home Nursing Service was established in 1948.

While we do not judge the service solely on its statistical record, for quality of work as well as quantity is important, yet a detailed study of last year's record is interesting if only for the light the figures throw on the many aspects of home nursing. It is worth noting, for instance, that 56% of the visits were made among the aged and infirm. Much attention in past years has been focussed on old people and on the problems of old age, and I think the amount of attention which has rightly come to be given to old people reflected by the high proportion of the total home nursing visits they received. Again, the benefit to the hospitals of a good home nursing service is clearly illustrated by the figures last year. Over 10,500 visits were made to so-called surgical patients, the vast majority of whom were recent discharges from hospital after an operation. It is reasonable, I think, to accept that the home nursing service was instrumental last year in saving hospital bed accommodation by both obviating the necessity for admission to hospital and expediting discharge. The family doctors certainly appreciate the service for it helped by relieving them of nearly 20,000 injections. I would not, however, wish to over-stress the help of the nurse to the family doctor for he is of equal help to the nurse, indeed the co-operation between them is becoming a model of the co-operation which should exist between members of the medical and nursing professions.





The great volume of work which home nurses now have to deal with and the tendency for the amount to increase each year, emphasises the necessity for team-work and mobility about which I wrote last year. The volume of work, however, is fast becoming too much for the present nurses to manage and steps have been taken to increase their numbers this year.

### Home Helps

The divisional establishment of Home Helps has increased over the years from 13 whole-time home helps or their equivalent in part-time workers to 34, and, by and large, though the strictest economy was necessary, the number about sufficed last year. Each week 240 households, on average, received domestic assistance which, with the permitted establishment, allowed of only 6 - 7 hours per week to each household with the exception of maternity cases. The amount of help each household received was obviously small, but at least all the applicants received some help and none in need was refused. Again the aged and infirm received the most benefit from the scheme for approximately 90% of the available home help hours went to them. As I have stated in a previous report it is not easy to administer a service which caters in the main for the aged for the infirmities of old age are progressive, however slowly, and the need for help in the aged increases as time goes by. At the beginning of the year there were 196 aged people in receipt of domestic assistance of whom 151 were still receiving assistance at the end of the year. At the beginning of 1955 there were 249 aged people receiving assistance and it is obvious that difficulties must arise in finding help for the new applicants. Indeed, the only way is by exercising the strictest economy with the pruning of hours wherever possible. As is to be expected it is in the winter months when the need for home help is greatest and it was during these months that it was most difficult to satisfy the demands.

The aged have, for some years now, received the lion's share of the home help scheme and perhaps it is right they should for their need is the greatest but it would be a pity, if in catering for the aged, the scheme should neglect the rest of the community. I think the financial arrangements often discourage the sick, apart from aged sick, from seeking assistance even though, at first sight, the allowances against payment in the County Council scale seem generous. Unfortunately, the scale is not generous when only a few hours per week are allowed and the policy adopted in the division of spreading the "butter thinly over the bread" to cater for the maximum number automatically restricts the number of the home help hours allowed to each household. In consequence some deserving households derive no financial benefit from the scheme, and for this reason I would like a change in the scheme so that the scale of charges bears a more direct relationship to the number of home help hours provided.

### Laboratory Service

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.



## Maternity and Child Welfare

The maternity and child welfare services are provided by the County Council and clinics are held in the Methodist Church, Barnsley Road. Infant Welfare Clinics are held each Wednesday afternoon and 51 sessions were held during the year. 3,679 attendances involving 302 children were made, an average attendance of 72.1 per session and 133 children were seen for the first time, all of whom were under one year of age. 1,455 examinations were made by the Doctor, an average of 28.5 per session.

That the clinic is as popular as ever is clearly shown by the attendance figures and a popular clinic must do good work if only because of the great opportunity afforded to it. The opportunity the clinic staff has of speaking often to a large proportion of the mothers in the district was put to good account in many ways last year, and one illustration of the good return such personal contacts have is shown in the vaccination and immunisation returns which appear later in the report. I believe the effect of this personal relationship between the clinic staff and the mothers is not lost when the children grow up and cease to attend the clinic. Just as the Darfield mothers attend the infant welfare clinic so they attend in large numbers at the school medical inspections, particularly at the infant and junior schools. Because of their attendance the true purpose of the school medical inspections can be realised, i.e. a full discussion of the child's health and welfare in relation to his school life among the people concerned, the parent, the school doctor and nurse and wherever possible the teacher. Another example of the lasting effect of the clinic health propaganda was shown towards the end of last year when preparations were being made for the introduction in 1955 of the B.C.G. Vaccination Scheme for the thirteen-years old children. This completely voluntary scheme demanded the fullest co-operation of the parents if it were to succeed as a preventive measure and it was most encouraging to find that 99% of the parents accepted the scheme and gave consent for their children to be vaccinated if necessary.

I said in my last annual report that clinic attendance was a habit most mothers in Darfield would not willingly break and indeed in my view it will be in the interest of the health of the community at large if the habit always continues.

Ante-natal clinics, which are held each Friday morning, were again well attended. 53 sessions were held last year at which 86 patients made 485 attendances with an average attendance of 9.1 per session. In addition 24 patients attended for post-natal examination. The number of hospital confinements last year of mothers resident in your district was 25 as compared with 39 in 1953. The ante-natal exercises classes, run by the midwives, continued throughout the year and appear now to be accepted by most mothers as an essential part of their ante-natal care.

## Mental Health Service

The Mental Health Social Workers and the Home Teacher last year served well the parents and guardians of the mentally defective persons in the division and were also of help to those recently discharged from mental hospital where after-care was sought or was recommended by the hospital psychiatrists.

There are 179 mental defectives in the division who are under supervision of one form or other, viz:

	<u>UNDER 16</u>		<u>OVER 16</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Statutory supervision	22	23	39	44
Guardianship	-	-	1	3
Voluntary Supervision	-	-	22	25



Training of defectives is partly covered by the Barnsley Occupation Centre (11 children and 2 adults attend) and partly by a Home Teacher. The Home Teacher either gives training to groups at specified centres or individual training at home whichever is the more suitable.

Group classes are held at Wombwell - Wednesday mornings; Worsborough - Thursday mornings and Derton on Fridays.

28 children and 12 adults are awaiting admission to the Occupation Centre, either Wombwell or Barnsley, and 7 adult males are considered suitable for Industrial Centre Training.

Of the defectives in the division 72 are in gainful full-time employment and 40 are adequately employed in the home.

There are 39 males and 58 females in institutions, who previously resided in the Division. There is no urgent case awaiting admission to an Institution but there are 3 girls and 1 boy and 5 male adults and 9 female adults on the Regional Hospital Board's waiting list for eventual admission when vacancies arise.

To ease tension in the homes, provision has been made by the Regional Hospital Board for short stay vacancies to cover illness and emergencies. Unfortunately, the demand exceeds the number of vacancies, and in the case of short stay vacancies for holidays the Hospital Board have not been able to meet all requests.

There has been an increase in the number of after-care cases visited - the Sheffield Regional Hospital Board now indicating where after-care is required, although all discharges are visited by the Social Worker to inform the patient that help is available if it is required. A good co-operation is maintained with the Psychiatric Clinic, held on a Tuesday and Wednesday at Beckett Hospital, and a West Riding Social Worker is in attendance.



## SCHOOL HEALTH SERVICE 1954

Before giving a brief statistical summary of the work of the School Health Service in your district mention must be made of the opening of a new school for handicapped pupils and the introduction of two important changes in the divisional school health scheme.

### Wombwell Day Special School.

This school for backward or educationally sub-normal children was opened in February in premises previously used as an Open Air School for delicate children. The educational needs of backward children cannot always be met in an ordinary school especially with the large classes which are nowadays so common. At the same time it is not an easy thing for parents to accept readily the idea that their child is backward and needs education in a special school and it was a welcome surprise to find the school so quickly accepted by parents. The school has certainly made a very good start and, with the correct usage, it should in time fill a long felt need in our educational system and satisfy the peculiar individual needs of the backward child.

### Tuberculin Testing of School Entrants.

This scheme was introduced last year in part of the division and will be in operation throughout the Division by the end of 1955. The idea is to test all school entrants for tuberculin sensitivity and to examine further those who show a positive skin reaction. The test is completely painless and easy to perform and consists in putting a tiny smear of tuberculin jelly on the back and covering with adhesive plaster. Those children giving a positive reaction are referred to the Chest Physician for full examination including an X-Ray film of the chest. At the same time the family contacts are urged to accept the same full examination from the Chest Physician. The test is only made with parental consent, and in the schools which have been done so far it is gratifying to find that over 80% of the parents have accepted the scheme.

### B.C.G. Vaccination

Reference to the B.C.G. vaccination scheme for school leavers is made in the section of the report dealing with Tuberculosis but is repeated here because of the close association of the scheme with the scheme for the tuberculin testing of school entrants. Both are concerned with the prevention of tuberculosis in the community but each approaches the problem from a different angle. In tuberculin testing the school entrants we aim to find the positive skin reactors and from them to trace the hidden sources of infection. With the B.C.G. vaccination scheme we aim at protecting the individual himself rather than the community as a whole and therefore we search for the negative skin reactors. It is these children who are susceptible to Tuberculosis and by vaccination we try to protect them against the disease and particularly during the difficult years of adolescence which lie ahead of them.

The statistical summary which follows shows the results of school medical inspections made last year in your district and the attendances at the various clinics.







Routine School Medical Inspections were carried out by Dr. R. Barnes at the undermentioned schools:-

Darfield Foulstone Secondary Modern School.  
 Darfield C. of E. Junior Mixed School.  
 Darfield Snape Hill Council Junior Mixed School.  
 Darfield Shroggs Head Infants School.  
 Darfield Snape Hill Council Infants School.

# SUMMARY OF DEFECTS FOUND:-

<u>Schools Visited</u>	<u>No. of children examined</u>	<u>Ocular</u>	<u>E.N.T.</u>	<u>Heart</u>	<u>Lungs</u>	<u>Ortho-paedic</u>	<u>Others</u>	<u>No. psd. for Treatment</u>
Darfield Foulstone Secondary Modern	103	2	2	-	-	3	3	10
Darfield C. of E. Junior Mixed	73	5	4	-	2	1	3	6
Darfield Snape Hill Council J.M.	60	2	5	-	-	2	3	6
Darfield Shroggs Head Infants	76	4	10	-	1	4	1	4
Darfield Snape Hill Council Infants	66	5	5	2	2	3	1	9
	<u>378</u>	<u>18</u>	<u>25</u>	<u>2</u>	<u>5</u>	<u>13</u>	<u>11</u>	<u>35</u>

# SCHOOL CLINIC

	<u>No. of children who attended and were seen by Doctor</u>
Methodist Church, Barnsley Road, Darfield.	233

# MINOR AILMENT CLINIC.

No. of individual children treated by Health Visitors	193
Total Attendances	200

# SPECIALIST CLINICS

Ophthalmic Clinics (70 Sessions held in 1954)  
 Mr. N. L. McNeil, M.B., D.O.M.S., Ophthalmologist.

No. of children examined 150

Orthopaedic Clinics (12 sessions held in 1954)  
 Mr. T. L. Lawson, F.R.C.S., Orthopaedic Surgeon.

No. of children examined 5

Ear, Nose & Throat Clinics (11 sessions in 1954)  
 Mr. W. L. Rowe, F.R.C.S., E.N.T. Surgeon.

No. of children examined 10

Paediatric Clinics (1 clinic per month)  
 Dr. C. C. Harvey, M.D., M.R.C.P., Paediatrician.

No. of children examined 2



## SPECIAL CLINICS

### Speech Therapy Clinic

Mrs. P. J. Battye, L.C.S.T., Speech Therapist.

No. of individual children seen	1
Total attendances	8

### Child Guidance Clinic

Dr. M. M. MacTaggart, M.A., B.Ed., Ph.D., Educational Psychologist.

No. of children examined	1
Total Attendances	1

## INFECTIOUS DISEASES

During the year a total of 108 cases of infectious diseases were notified as compared with 40 notified in the previous year. The increase was due to a rise in the incidence of whooping cough and Scarlet Fever.

### Notifiable Diseases (other than Tuberculosis) during 1954.

	Total Cases Notified.	Admitted to Hospital	Deaths
Measles ... ..	16	3	-
Whooping Cough ... ..	62	3	1
Smallpox ... ..	-	-	-
Scarlet Fever ... ..	16	6	-
Diphtheria ... ..	-	-	-
Puerperal Pyrexia ... ..	1	1	-
Pneumonia ... ..	6	2	1
Acute Poliomyelitis:			
a. Infective ... ..	-	-	-
b. Post-infectious ... ..	1	1	-
Acute Poliomyelitis:			
a. Paralytic ... ..	-	-	-
b. Non-Paralytic ... ..	-	-	-
Erysipelas ... ..	-	-	-
Meningococcal Infection ... ..	-	-	-
Food Poisoning ... ..	1	1	-
Dysentery ... ..	-	-	-
Paratyphoid Fever ... ..	-	-	-
TOTALS ... ..	103	17	2



### Smallpox and Diphtheria Prophylaxis.

In my last annual report I praised the excellent vaccination and immunisation returns for the year. All I need say of the 1954 figures is that they even surpassed those of 1953 and let the figures speak for themselves.

68 infants last year were vaccinated against Smallpox or 65% of the total infants in the district. This is a commendably high percentage and one which I can only wish will become generally applicable throughout the whole of my division. The diphtheria immunisation statistics, as is to be expected, are even better than those for vaccination. Last year 91.2% of all children in the district between the ages of 0 - 14 years were immunised as against 89.2% for the previous year. 73.7% of the children in the age group 0 - 4 years and 98.7% in the age group 5 - 14 years were protected. As long as such immunisation percentages are maintained we cannot visualise the return of Diphtheria to Darfield.

### Scarlet Fever.

16 cases of Scarlet Fever were notified last year as against 4 in 1953 and 2 in 1952. The main incidence was in the last quarter of the year but the disease was mild and without complication. 6 patients were admitted to hospital more because of the difficulty of nursing and isolation at home than because of the severity of the illness.

### Measles.

For the second successive year the incidence of Measles was small and only 16 cases were notified as compared with 22 in the previous year.

### Whooping Cough.

It was not expected that the almost complete absence of Whooping Cough from the district in 1953 would be maintained last year and indeed 62 cases were notified with the highest incidence in the second and third quarter of the year. On the whole the disease was relatively mild and free from serious complications though one baby aged 5 months died from Whooping Cough.

Good progress was made in Whooping Cough immunisation and 86 infants were protected last year of whom 62 were immunised before they reached the age of 6 months. A careful check was again made of the notification and immunisation records to see whether any immunised child contracted Whooping Cough. It was encouraging to find that no child who had completed the full immunisation course of three injections contracted Whooping Cough though three children were notified who had not completed the full course.

### Tuberculosis.

5 new cases of Tuberculosis were notified last year, all of whom had Pulmonary lesions. There were 2 deaths from Pulmonary Tuberculosis last year.

Comments on annual Tuberculosis statistics for small districts must be restrained if they are not to be misleading and it is far better to consider the general trend over the years. Happily the evidence points to a downward trend in both incidence and mortality. Last year preparations were made for the early introduction in 1955 of an important preventive measure which I believe can hasten the rate of decline of Tuberculosis in the district. The measure I refer to is an extension of the B.C.G. Vaccination Scheme, which for some years has been offered to child contacts of open cases of Pulmonary Tuberculosis with an ever increasing number of acceptances. Last year it was planned to extend the scheme to school children in the 13 years age group irrespective of previous contact with Tuberculosis. Those, who by a simple skin test,



show a lack of immunity against the disease will be vaccinated. The age group of thirteen-years old children was chosen because it allows of a full year's supervision before the child leaves school. It is intended to make the vaccination of this age group an annual event so that all school leavers in the years ahead will be protected against Tuberculosis through the difficult period of adolescence which confronts them. The response of the Darfield parents to this scheme was magnificent and I believe an excellent scheme has been successfully launched. The beneficial effects of the scheme can be awaited with confidence.

#### TUBERCULOSIS - New Cases and Mortality in 1954

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0     ...    ...	-	-	-	-	-	-	-	-
1     ...    ...	-	-	-	-	-	-	-	-
5     ...    ...	-	-	-	-	-	-	-	-
15    ...    ...	-	2	-	-	-	1	-	-
25    ...    ...	-	1	-	-	-	-	-	-
35    ...    ...	2	-	-	-	-	-	-	-
45    ...    ...	-	-	-	-	-	-	-	-
55    ...    ...	-	-	-	-	1	-	-	-
65 and upwards	-	-	-	-	-	-	-	-
<hr/>								
TOTALS	2	3	-	-	1	1	-	-
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#### TUBERCULOSIS - New Cases and Mortality for the past five years.

Year	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1950    ...    ...	13	3	4	1
1951    ...    ...	12	2	2	-
1952    ...    ...	4	-	2	-
1953    ...    ...	6	-	1	-
1954    ...    ...	5	-	2	-





TUBERCULOSIS - Record of Cases during 1954

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	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January 1954.	34	25	4	1
No. of cases notified for the first time during the year	2	3	-	-
No. of cases restored to register	-	-	-	-
No. of cases added to register otherwise than by notification	-	1	-	-
No. removed to other districts	-	-	-	-
No. cured or otherwise removed from register	6	1	-	-
No. died from Tuberculosis	1	1	-	-
No. died from other causes	-	-	-	-
 TOTAL at end of 1954	 29	 27	 4	 1



ANNUAL REPORT

OF THE

SANITARY INSPECTOR

FOR THE YEAR 1954

To the Chairman and Members of the  
Darfield Urban District Council

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Mr. Chairman and Gentlemen,

It is with great pleasure that I present to you my Annual Report on the Sanitary Circumstances of the District, for the year ended 31st December, 1954.

During the year inexorable pressure was again applied to the two major tasks facing the Council, i.e. the provision of Housing accommodation and Improvement of the District's Sewerage system. Statistically at any rate results were not as gratifying as in the preceeding year or two, only 18 houses were built and those comprised - 12 for the Council and 6 for private occupation. A tremendous amount of building work however was done on the new Tempest Avenue Estate, but by the end of the year only a large number of incomplete house shells bore witness to the activity which had taken place. My report for next year should take advantage of this situation and statistics should then be more satisfying than they have ever been before, as far as Council House building is concerned.

Phase II of the Sewerage Improvement Scheme was started and almost completed during the year and a large area of the Township ceased to be drained to the Council's own Sewage Disposal Works in Cliff Road. The new outfall was to the Ings Road works of the Wombwell Urban District Council with whom mutually acceptable terms for sewage treatment had been agreed.

From early in July the slaughtering of animals for human consumption became free from restrictions which had existed for many years during World War II and afterwards, and the inspection of slaughtered animals became a much more heavy duty than hitherto. A full inspection of all carcasses was however carried out before the meat was released for public sale.

I should like to express my appreciation of the interest, co-operation and support, which has always been shown to me by the Council, the Clerk and Medical Officer of Health.

I remain,

Your obedient Servant,

C. CAMTHORNE,

Surveyor & Sanitary Inspector.



## GENERAL SANITARY ADMINISTRATION

### WATER SUPPLY.

The Public Water Supply is provided by the Dearne Valley Water Board. The water continued to be hard and occasional variations in pressure resulted in property on high ground being short of water. Fifty-five samples of water were tested and the hardness was found to vary between 7.5 and 48.6 parts per hundred thousand.

Bacteriologically the water was in every case satisfactory.

### RODENT CONTROL.

The number of Rodent Infestations continued to be kept to very small numbers, and a free service was provided for domestic premises. The normal Annual Sewer Treatments were carried out and here again infestation was present in minor degree only.

### COLLIERY SPOILBANK.

Throughout the year the Spoilbank at Darfield Main Colliery was entirely quiescent and gave no trouble whatsoever.

### FACTORIES.

There are six factories on the Register and no formal action was necessary to obtain reasonable conditions.

### SEWERS AND SEWAGE DISPOSAL.

During the year Phase II of the Sewerage Improvement Scheme was started and almost completed. The work consisted of draining Low Valley and other sections of the district through a new outfall sewer terminating at the Ings Road Sewage Disposal Works belonging to Wombwell Urban District Council. The relief to the Council's own Sewage Works was about one quarter of the total premises in the district and the difficulties of treatment at our own works were appreciably eased.

Work on this new sewer was made much more difficult by unexpected site conditions which included tremendous quantities of subsoil water and unstable ground which jointly created very difficult working conditions. The inverted siphon beneath the River Dove unfortunately had to be laid at a time when the river was in full flow, but the work was nevertheless accomplished without incident.

The problem remaining for future settlement now involves the Sewage Disposal Works themselves which, although damaged by mining subsidence and obsolete in certain respects, continue under difficulty to produce a reasonable effluent.

### PUBLIC CLEANSING.

The Refuse Collection Service has been maintained in a satisfactory manner throughout the year and a seven-day frequency of collection has been provided.

Disposal of house refuse was by controlled tipping in low lying fields in the "Ings" district.



The recovery of Salvage has been continued and slightly improved prices for paper resulted in a small increase in the Income for the year, details of which are as follows:

	£.	s.	d.
Waste Paper	317.	4.	11.
Non-ferrous Scrap	43.	7.	8.
Ferrous Scrap	19.	-.	10.
Rags	18.	8.	9.
	<hr/>		
Total Salvage Sales	£398.	2.	2.
	<hr/>		

During the year an area of waterlogged ground below Darfield Parish Church was improved by tipping operations but only innocuous material was used for this purpose. A large stagnant pond which had been a source of complaint for a long time was in this way eliminated.

### FOOD INSPECTION

#### FOOD PREMISES

The number of registered premises in the district is:-

Fried Fish Shops	-	6
Ice Cream Dealers	-	15
Meat Products	-	2

The general standard of food shops was satisfactory and repairs were carried out at several premises. One new butcher's shop was erected at Clarchurst Road and the shop was fitted out to a very high standard. In addition the Darfield Hotel was built and opened during the year and every consideration was given to obtaining a high standard of equipment for the premises.

#### MEAT INSPECTION.

In July the private slaughter of animals again became permissible and applications to licence four private slaughterhouses were received. Only two of these applicants were granted licences at No. 44 George Street, Low Valley and No. 2 School Street, Darfield, the other applications being rejected because of unsatisfactory premises.

The effect of resuming private slaughter was to create a considerable amount of additional work at a time when already under great pressure with other commitments, and the irregularity of slaughter was a great extra burden. A full and complete inspection service was however provided at all times and below is a summary of the animals killed and of condemnations which were necessary for the reasons stated.

On one occasion a butcher was found to be slaughtering a boar without proper notification having been given. A prosecution eventually followed and the offender was fined £10 and Costs.





Cattle	249
Sheep	170
Pigs	142
Calves	<u>15</u>
Total -	<u>576</u>

Condemnations:

	<u>Weight in lbs.</u>
Tuberculosis - all forms	1,429
Abscess	165
Tumour	14
Cirrhosis	108
Fluke Abscess	43
Mastitis	87
Multiple Cysts	13
Contamination	25
Inflammation	10
Angiomata	15
Cysticercus Bovis	35
Strongyli	<u>10</u>
	<u>1,954</u>

MILK

The following is a list of the licensed distributors of milk:

Sterilised Milk	8
Pasteurised Milk	2
Tuberculin Tested Milk	2

OTHER FOODS

The following miscellaneous items of food stuff were found on examination to be unfit for human consumption and were surrendered for destruction:

Boneless Ham	10 lbs.
Raisins	7½ lbs.
Tomatoes	4 Tins
Shrimps	3 Tins
Pork	1 Tin



## HOUSING

1954 was another year of considerable activity in the field of housing, and work on new roads and sewers on the Tempest Avenue Estate began in June followed by the commencement of house building of both Traditional and Non-Traditional types.

During the year all the preparatory work for the erection of 100 Cornish Unit type of Non-Traditional house was completed after protracted negotiation with Ministry and Contractors. In addition, I personally prepared plans and specifications and carried out all negotiations for 20 Traditional Brick houses and erection work on both types had commenced by October, and proceeded throughout a winter of adverse weather conditions.

The Cornish Unit type of house was selected as the most suitable for this district after careful and thoughtful consideration and after visits had been made to housing sites of other authorities. By early December the first pair of this type was complete and following an official opening by the Chairman of Council and Chairman of Housing Committee, the houses were available for inspection by the general public for several weeks. In one house of the pair the East Midlands Gas Board and the Yorkshire Electricity Board displayed appropriate domestic fittings and equipment; the other house was fully furnished by the Barnsley British Co-operative Society Ltd.

Early in the year house building on the Saltersbrook Housing Estate was complete and in July a block of 2 Houses, 2 Shops and 1 Flat - to complete the shopping centre on this Estate - were finished and handed over.

There was a total of 18 new houses completed during the twelve months comprising 12 Council properties and 6 private residences. Although this was a low building rate by recent standards a considerable number of structures had been prepared on the Tempest Avenue Estate and were ready for internal work to begin.

14 Houses which had been closed last year in Pitt Street were demolished and the site was taken over by the National Coal Board. This year there was a decrease in the number of legal notices carried out by the Council in default of the owners, the number being 14 out of a total of 48 notices.

The Council's House Letting List was completely revised in order to provide up-to-date information to facilitate a proper selection of tenants for the large number of houses soon to become available for letting. In addition, the interchange of tenants into more suitable accommodation was encouraged and indeed carried out whenever possible.

Following the successful installation of hot water radiators in one Aluminium Pro-fabricated Bungalow last year, similar installations were provided in the remaining 19 bungalows and tenants in general appear well satisfied with this improvement.

The repair of Council Houses, apart from external painting, was kept at a very high standard considering that there was an increasing number of properties without any corresponding increase of Repair Staff. The system of repairing houses in rota by streets has shown that more work can be carried out by the same number of workmen because time which would otherwise be used in travelling about the district is saved. There have been periods however when the pressure of "Emergency Repairs", the carrying out of other Council work, and absenteeism due to sickness, have combined to disrupt the repair system. External painting of houses by Council workmen could not be continued because tradesmen were not available for this work. The finances of the Housing Repairs Fund are in a very healthy condition despite the fact that only the Statutory Minimum is set aside for this work.

On August 30th the Housing Repairs & Rents Act became operative as a result of which a tremendous number of enquiries was received from owners and tenants alike, and applications for Certificates of Disrepair were granted in five cases.



During the year the Council decided to adopt provisions of the Housing Act to finance the purchase of house property by private persons, and four applications for loan were dealt with.

The following is a summary of the various Notices served during the year:

Notices served under Public Health Act 1936

Informal                      252

Formal                        48

The following Notices were complied with:

Notices served under Public Health Act 1936

Informal                      234

Formal: (a) By Owner        34

(b) By Local Authority  
in default of  
Owners        - 14





